



Town of Stow REQUEST FOR INFORMATION

Request Date: _____

Pick-Up Date: _____

Name: _____ Tel. Number: _____

Mailing Address: _____

Vital Records

Birth _____ Death _____ Marriage _____

\$10.00 for first copy

\$5.00 per each additional copy of the same record ordered at time of initial request.

Name: _____ Date of Event: _____

Name: _____ Date of Event: _____

Name: _____ Date of Event: _____

Information Copies

Twenty cents (\$0.20) per page. \$25.00 per disk

Search fee based on the salary of staff performing the search. (\$18.86/hr)

Information requested: _____

Number of pages: _____ Estimated Time to Search & Copy Information: _____

Approximate Cost: _____ (actual cost will depend on actual search/preparation time.)

_____ Contact me if the Actual Cost will exceed the Approximate Cost by more than \$ _____

Date to Pick-Up: _____

I have requested the above information. I understand that the search time quoted is an estimate and actual costs may be higher. I agree to pay all fees associated with the cost of searching and copying the requested information.

Signed: _____ Date: _____